

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007416

AMENDED

Registration District No.

FILED MAR 12 1962

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Sedalia

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

1601 So. Engineer

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pettis

c. CITY OR TOWN

Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

1601 So. Engineer

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

HARRY

ARNOLD

4. DATE OF DEATH

Month

Day

Year

March 6 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

1-15-1919

## 9. AGE (last birthday)

43

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Reclamation Dept

## 10b. KIND OF BUSINESS OR INDUSTRY

Mo. Pac.

## 11. BIRTHPLACE (City and state or country)

Pettis Co. Mo

## 12. CITIZEN OF WHAT COUNTRY

U. S. A

## 13a. FATHER'S NAME

Erwin Arnold

## 13b. MOTHER'S MAIDEN NAME

Dora Duesmeyer

## 14. NAME OF HUSBAND OR WIFE

Reta Chaney Arnold

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes Navy WW II

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Mrs Reta Arnold

Address

1601 So. Engineer Sedalia

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Coronary occlusion

## INTERVAL BETWEEN ONSET AND DEATH

2 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Coronary Sclerosis

undetermined

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT

☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

10/26/55

3:45 A

3/6/62

and last saw him alive on

3/6/62

Death occurred at

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

[Signature]

(Degree or title)

DO.

## 22b. ADDRESS

Sedalia, Mo.

## 22c. DATE SIGNED

3/7/62

## 23a. BURIAL CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-8-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Crown Hill Cemetery

## 23d. LOCATION (City, town, or county)

Sedalia, Missouri

(State)

## 24. FUNERAL DIRECTOR

McLaughlin Bros

## ADDRESS

Sedalia

## 25. DATE RECD. BY LOCAL REG.

Mar 7, 1962

## 26. REGISTRAR'S SIGNATURE

Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 16 1962

APR 10 1963

MAR 13 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J.P.M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.